

AMENDMENT TO AGREEMENT

This Amendment to Agreement, made and entered into by and between the **LOUISVILLE/JEFFERSON COUNTY METRO GOVERNMENT**, acting by and through **LOUISVILLE FIRE AND RESCUE**, herein referred to as “**METRO GOVERNMENT**”, and **UNIVERSITY EMERGENCY MEDICINE ASSOCIATES, P.S.C.**, with offices located at 530 South Jackson Street, Louisville, Kentucky 40202, herein referred to as “**CONSULTANT**”,

WITNESSETH:

WHEREAS, the Metro Government and Consultant entered into an agreement with respect to professional medical consultation and service; and

WHEREAS, the parties wish to amend the agreement by increasing its duration and not-to-exceed amount.

NOW, THEREFORE, it is agreed by and between the parties hereto as follows:

Section I. That Section II, Fees and Compensation, Subsection A shall be amended in its entirety to read as follows:

A. Consultant shall be reimbursed for professional services rendered according to the terms of this agreement. Total compensation payable to Consultant for services rendered pursuant to this agreement, including out-of-pocket expenses, shall not exceed **TWENTY-FIVE THOUSAND FIVE HUNDRED DOLLARS (\$25,500.00)**.

Section II. That Section III, Duration, Subsection A shall be amended in its entirety to read as follows:

A. This is a professional service contract which shall begin January 1, 2006 and shall continue through June 30, 2006.

Section III. All other terms and conditions as set forth in the Agreement shall remain in full force and effect as if fully set out herein.

APPROVED AS TO FORM:


IRV MAZE
JEFFERSON COUNTY ATTORNEY

Date: 4/24/2006

LOUISVILLE/JEFFERSON COUNTY
METRO GOVERNMENT


KIM ALLEN, CABINET SECRETARY
CABINET FOR PUBLIC PROTECTION


Date: 5/23/06

LOUISVILLE FIRE AND RESCUE


GREG FREDERICK, CHIEF

Date: 4-27-06

UNIVERSITY EMERGENCY
MEDICINE ASSOCIATES, P.S.C.

By: 
Title: President

Date: 5/3/6

Taxpayer Identification No.
(TIN): 01-1753806

Louisville/Jefferson County
Revenue Commission Account
No.: 619204

CONTRACT DATA SHEETPSC Type (check one): ☐ New ☐ Renewal ☒ Addendum**Contractor Information**

1. Legal Name of Contractor: University Emergency Medicine Associates PSC
2. Address: 530 S Jackson Street
3. City/ State & Zip: Louisville, KY 40202
4. Contact Person Name & Telephone Number: Robert Berg 852-5689
5. Revenue Commission Taxpayer ID#: 619204
6. If registration is not required please explain:
7. Is account in good standing: Yes
8. Federal Tax ID # (SSN if sole proprietor): 61-125306

Department Information

9. Requesting Department: Fire
10. Contact Person Name & Telephone: Colonel Wendell F. Stewart 574-2902

Contract Information

11. Not to exceed amount: \$25,500.00
12. Are expenses reimbursed? No
13. If yes list allowable expenses and maximum amount reimbursable:
14. Beginning and ending date of the contract: January 1, 2006 through June 30, 2006.
15. Coding: 1101-355-2601-260101-521301
16. Scope & Purpose of the contract: Professional medical consultation and service.

Authorizations

EDM County Attorney Review - Approved as to Form:

Department Director: Gregory W. Fredenburgh Date: 4-27-06

Signature certifies:

☐ Funds are available

☐ Contractor is registered and in good standing with the Revenue Commission

☐ Human Relations Commission registration requirements have been met

☐ Risk Management Division of Finance - Certifies Insurance requirements satisfied:

Cabinet Secretary: Kim M. Allen Date: 5/23/06

(If applicable)

WRITTEN FINDINGS**EXPLAINING NECESSITY FOR USING NONCOMPETITIVE NEGOTIATION FOR PSC**

This document constitutes written request and findings, as required by KRS 45A.380 stating the need to purchase through noncompetitive negotiation for PSC Contract # **2006-3644**. By the signatures listed below, the Requesting Department has determined, and the Chief Financial Officer concurs, that competition is not feasible because:

_____ A. An emergency exists which will cause public harm as a result of the delay in competitive procedures. **** Mayors Approval required for emergency purchases exceeding \$10,000.**

_____ B. There is a single source within a reasonable geographic area of the supply or service to be procured or leased (attach sole source determination from the Purchasing Department).

 X C. The contract is for the services typically provided by a licensed professional, such as an attorney, architect, engineer, physician, certified public accountant, registered nurse, or educational specialist; a technician such as a plumber, electrician, carpenter, or mechanic; an artist such as a sculptor, aesthetic painter, or musician; or a non-licensed professional such as a consultant, public relations consultant, advertising consultant, developer, employment department, construction manager, investment advisor, or marketing expert and the like.

_____ D. The contract is for the purchase of perishable items purchased on a weekly basis, such as fresh fruits, vegetables, fish, or meat.

_____ E. The contract is for replacement parts where the need cannot reasonably be anticipated and stockpiling is not feasible.

_____ F. The contract is for proprietary items for resale.

_____ G. The contract or purchase is for expenditures made on authorized trips outside the boundaries of the city.

_____ H. The contract is for the purchase of supplies which are sold at public auction or by receiving sealed bids.

_____ I. The contract is for group life insurance, group health and accident insurance, group professional liability insurance, worker's compensation insurance, or unemployment liability insurance.

_____ J. The contract is for a sale of supplies at reduced prices that will afford a purchase at savings to the Metro Government.

_____ K. The contract was solicited by competitive sealed bidding and no bids were received from a responsive and responsible bidder.

_____ L. Where, after competitive sealed bidding, it is determined in writing that there is only one (1) responsive and responsible bidder.

Sheryl W. Frank 42706
Requesting Department Director Date

Kim Mullen 5/23/06
Cabinet Secretary Date
(When required by cabinets policy)

**Mayor

Date

****Signature is required only for Written Finding A**